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Substitute for form 1449A/PTO				Complete if Known		
				Application Number	UNKNOWN	
INFO	DRMATIO	N DIS	CLOSURE	Filing Date	HEREWITH	
STATEMENT BY APPLICANT				First Named Inventor	PETE BALSELLS	
				Art Unit	UNKNOWN	
	(use as many si	heets as	necessary)	Examiner Name	UNKNOWN	
Sheet	1	of	1	Attorney Docket Number	3007	

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Examiner Initials*	Cite No. <sup>1</sup>	Document Number  2 Number Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear		
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				FOR	EIGN PATENT DO	CUMENTS		
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date	Name of Patentee or	Pages, Columns, Lines,	
		Office <sup>3</sup>	Number <sup>4</sup>	Kind <sup>5</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages or Relevant Figures Appear	T⁵
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